Rehabilitative Behavioral Health Services – Service Plan Development (SPD) Quality Assurance Checklist			
Review Period: 2022-2023	**Date:**	**Service Reviewed/Procedure Code:**	
Student:		**Medicaid #:**	
District:		**Reviewer:**	
Provider (Staff Name):		**Provider (Staff Name):**	
Supervisor:		**Supervisor:**	

	CONSENT(S)	**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 13: Release of Information and Consent to Examinations and Treatment			
1.1	Is the Consent for Treatment form dated and signed (electronically or handwritten) by the student, parent, legal guardian, or primary caregiver (in case of a minor) or legal representative prior to screening and assessments?		
1.2	Is there a Release of Information Form signed (electronically or handwritten) by the child, child's parent, legal guardian or primary caregiver authorizing the release of any medical information necessary to process Medicaid claims on behalf of the student?		
	DIAGNOSTIC ASSESSMENT (DA) & MENTAL HEALTH COMPREHENSIVE FOLLOW-UP ASSESSMENT	**MET**	**COMMENTS/RECOMMENDATIONS**
Reference - LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 8: Reporting and Documentation, - Diagnostic Assessment (DA) Services and Mental Health Comprehensive Assessment Follow-Up; Chapter 13 Reporting and Documentation. Note: The assessment document must be in the student's file.			
2.1	Is there a DA to cover the academic year in review?		
2.2	Does the DA include a signature, printed name, title, and date (electronically or handwritten) by the LPHA, or master's level qualified clinical professional? An LMSW may also complete the DA, which must be co-signed by the independently licensed LPHA.		
2.3	If completed by a non-licensed staff does the DA include the co-signature, printed name, title, and date (electronically or handwritten) by the LPHA Supervisor?		
2.4	Does the DA include the required components: • Student's name, • Medicaid ID number, • Date of the assessment, • Student's demographic information (i.e., age, date of birth, phone number, address, relationship/marital status), • Cultural identity, gender expression, spiritual and sexual orientation, culture and practices and spiritual beliefs, • Preferred language, • Presenting complaint, • Risk factors, • Mental/behavioral health history, • Psychological history/assessments, • Substance use history,		

	• Exposure to physical abuse, sexual assault or other traumatic events, • Physical health history, • Medical history and medications, • Family history and relationships, • Mental status, • Education and employment history, • Housing/living situation.		
2.5	Does the DA also include these required components: • Initial start date of the RBHS, • Planned service type and frequency for each service, • Referrals for external services, support or treatment, and • Current symptoms or disorder via the current edition of the DSM or the ICD. • An evaluation of the beneficiary for the presence of a mental illness and/or SUD, • This assessment includes a comprehensive bio-psychosocial interview and review of relevant psychological, medical, and educational records, • Clinical interviews with the beneficiary, family members or guardians as appropriate, review of the presenting problems, symptoms and functional deficits, strengths, medical and educational, and • Records and history, including past psychological assessment report and records. • Initial assessments must include a clinical summary that identifies recommendations for and the prioritization of mental health and/or other needed services.		
2.6	Does the Follow-up Assessment include the required components: • Student's name, • Medicaid ID number, • Date of the assessment, • Include the outcome of the assessment, • Identify any referrals resulting from the assessment, • The diagnostic code and the diagnosis, • An evaluation of the beneficiary for the presence of a mental illness and/or SUD. • This assessment includes a comprehensive bio-psychosocial interview and review of relevant, • Psychological, medical, and educational records, • Clinical interviews with the beneficiary, family members or guardians as appropriate, review of the presenting problems, symptoms		

	and functional deficits, strengths, medical and educational, and • Records and history, including past psychological assessment report and records.		
2.7	Was the staff-to-student ratio (i.e., 1:1) met for services rendered?		
2.8	Was the DA completed prior to any RBHS services being rendered?		
2.9	Was the IPOC amended to reflect the recommendations from the Mental Health Comprehensive Follow-up Assessment, if applicable?		
2.10	If RBHS services were not received for 45 consecutive calendar days was medical necessity reestablished by completing a follow-up assessment?		
SERVICE PLAN DEVELOPMENT (SPD) MEETING/IPOC DEVELOPMENT		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference - LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services - Reporting and Documentation, - Service Plan Development (SPD), Covered Services and Definitions, - Service Plan Development (SPD) by Non-Physicians, - Service Plan Development (SPD) of the IPOC. The purpose of this service is to allow the interdisciplinary team the opportunity to discuss and or review the student's assessed needs, appropriate treatment or services needed by the student to meet those goals via the development of the IPOC. This service can be provided multiple times in a year.			
3.1	Is there an IPOC to cover the year in review?		
3.2	Does the IPOC include the signature, printed name, title, and date (electronically or handwritten) of a Physician, LPHA, LMSW or master's level qualified clinical professional, team, family members, and student?		
3.3	If the family, legal guardian, legal representative, or primary caregiver did not sign the treatment plan, is the reason documented in the student's clinical record?		
3.4	Was the IPOC completed, signed, titled, and signature dated (electronically or handwritten) by the LPHA, LMSW or master's level qualified clinical professional within 30 calendar days of the DA?		
3.5	If core treatment services were provided before the IPOC was completed, was the IPOC completed within 30 days of the DA?		
3.6	Was the DA completed prior to the IPOC?		
3.7	Does the IPOC reflect the recommendations from the DA?		
3.8	Was the IPOC reformulated within 365 calendar days, if applicable?		
3.9	Does the IPOC include the required components: • Student name, • Medicaid ID number, • Contact information (i.e., emergency contacts, including phone numbers, must be listed), • Presenting problems and psychiatric diagnosis, • Justification for treatment, • Confirmation of medical necessity,		

	• Diagnostic and Statistical Manual of Mental Disorders (DSM code) or International Classification of Diseases (ICD), • Specific services, • Goals and objectives, • Specific interventions, • Frequency of services, and • Criteria for achievement and target dates.		
3.10	Did the IPOC include a plan of action for discharge?		
3.11	Did the discharge plan include the required components: • Anticipated date of discharge from services, • Student's and/or family's expected gains to be achieved through participation in treatment and services, and • Anticipated aftercare needed (if applicable).		
3.12	Was an addendum completed when services were added or frequencies of services were changed and includes the signature, title of the clinician, and date (electronically or handwritten) it was formulated?		
SERVICE PLAN DEVELOPMENT (SPD) MEETING CLINICAL SERVICE NOTE (CSN)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference - LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, RBHS Manual, Chapter 13: Reporting and Documentation – SPD and IPOC. Chapter 14: Billing Guidance – Service Specific Billing Guidance, – Service Plan Development (SPD) RBHS – SPD, – CSN documents the IPOC team planning process to identify and review the student's progress made toward goals and to modify the IPOC as needed. All meetings must be documented.			
4.1	Are CSNs present in the record to support each billed claim?		
4.2	Does each CSN include a signature, printed name, title, and date (electronically or handwritten) by the LPHA, LMSW or master's level qualified provider?		
4.3	Were the CSNs co-signed (electronically or handwritten) by the SCLLR licensed supervisor (if applicable)?		
4.4	Do the CSNs include the required components: • Student's name, • Medicaid ID number, • Name of the rehabilitative service and corresponding procedure code, • Number of units of service rendered, • Date of service in a month, day and year format, • Start time and end time for each service delivered, • Location where the service was rendered, • Billing modifiers must match the credentials of the individual rendering the service, • Involvement of clinical professionals/team in the development, staffing, review and monitoring of the plan of care, • Confirmation of medical necessity,		

	• Recommendations for services, • General progress of the student to include, observations of their conditions/mental status, • Future plan for working with the student, • All individuals present for the service planning, and • Establishment of one or more diagnoses, including co-occurring SUD, if present.		
4.5	Were the CSNs completed immediately following the delivery of service, but no later than five business days from the date of rendering the service?		
4.6	Does the documentation support the number of units billed?		
SUPERVISION		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference - LEA Manual Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 10: Eligible Providers - Staff Monitoring/Supervision of Staff			
5.1	Is there a log documenting supervision of the service provided by any LMSW or unlicensed/uncertified professional at least every 30 days? Note: Services must be clinically supervised by an LPHA licensed at the independent level as stated in the LEA Manual at least every 30 days.		
PERSONNEL RECORD		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – Provider Administrative and Billing Manual, Verification of Provider License, Certifications and/or Credentials - LEA Manual Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 10: Eligible Providers - Maintenance of Staff Credentials			
6.1	Are the personnel records available and does it contain the following: • An employer verification of staff certification and/or licensure (completed prior to employment and annually thereafter), • Completed and signed employment application form, • Completed and signed job description, • Official college transcripts (with the raised seal, as required until January 1, 2023), • Degree from an accredited college or university, • Verification of licenses and certifications, • A criminal background check (no less than a 10-year search and completed prior to employment and annually thereafter), • State and national sex offender registry checks completed prior to employment and annually thereafter, • Child abuse registry checks completed prior to employment and annually thereafter, and • Evidence of Professional Sanctions checks for licensed, certified, unlicensed staff prior to employment.		

6.2	Were the staff credentials checked via the SCLLR website and printed with date stamp during the school year in review? (Copies must be stored in the credential file or student's file).		
6.3	Were staff credentials checked via the SCDHHS OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored in the credential file or the student's file.)		
6.4	Were the staff credentials checked via the Federal OIG Exclusion list and printed with date stamp during the year in review? (Copies must be store in the credential file or student's file.)		
CLINICAL RECORDS AND MAINTENANCE		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 13: Reporting/Documentation – Documentation Requirements; Legibility, Abbreviations and Symbols, Error Correction Procedures, Chapter 10: Eligible Providers – Business Requirement			
7.1	Is the documentation typed or legibly handwritten in dark ink?		
7.2	Are the errors corrected according to Medicaid policy and procedures (i.e., draw one line through the error, enter the correction and add signature/initials and date next to the correction)?		
7.3	Is there an abbreviation key available and on file?		
7.4	Is there a signature sheet available that identifies the staff's name, signature, and initials in the file?		
7.5	Are there policies available specific to: • Confidentiality/Protected Health Information, • Consent for treatment, • Record security and maintenance, • Record retention, • Use of secure electronic signatures, if applicable, • Release of information, • Beneficiary's rights and responsibilities, • Prohibition of abuse, neglect, and exploitation of beneficiaries, • Code of ethics, • Freedom of choice, • Limited English proficiency, • Compliance program (including fraud, waste, and abuse), and • Admission and discharge of beneficiaries. • Conditions for termination of beneficiaries from services, including: o A list of reasons for termination, o Methods of averting the termination, o Education/consultation with beneficiary and/or family about termination (e.g., resources and options), and		

	○ Evidence beneficiary/family informed of termination.		